Michigan Department of Community Health
MDCH
Jennifer M. Granholm, Governor
Janet Olszewski, Director

# PROFESSIONAL/DENTAL CLAIM DOCUMENTATION REVIEW AREA FAX COVER

FAX: 866-584-8081

**TO**: Professional Claims Review Unit, Medicaid Payments Division-Claims Processing
Bureau of Medicaid Financial Management, Medical Services Administration
Department of Community Health, State of Michigan

**Completion of all highlighted fields is required.**

**FROM**:

| | |
|---|---|
| Group/Individual Name: | |
| NPI Number: | |
| Provider Type and ID Number, if applicable: (i.e., TTDDDDDDD) | |
| Patient Medicaid ID Number: | |
| Date of Service: | |

| | |
|---|---|
| Contact Person Name/ Position: | |
| Contact Person's Phone Number: | |
| Contact Person's Fax Number: | |
| Number of Pages (Including Cover Page): | |

## DOCUMENTATION TYPE INCLUDED (Check All that Apply)

- ☐ AMBULANCE INFORMATION
- ☐ BILLING TIME LIMIT/REMITTANCE ADVICE/CRN'S
- ☐ HIGH COST CHARGES MANUFACTURER INFORMATION
- ☐ MEDICAL RECORDS
  - ☐ ADMIT/DISCHARGE REPORT
  - ☐ ER REPORT
  - ☐ HISTORY AND PHYSICAL
  - ☐ IMAGING AND DIAGNOSTIC SERVICES REPORT
  - ☐ LABOR & DELIVERY NOTES
  - ☐ OP REPORT
  - ☐ PATHOLOGY REPORT
- ☐ MEDICARE EOB AND/OR OTHER INSURANCE INFORMATION
- ☐ NDC DRUG DOSING AND COST INFORMATION
- ☐ PRIOR AUTHORIZATION
- ☐ INFORMED CONSENT TO STERILIZATION (MSA-1959)
- ☐ ABORTION FORMS (MSA-4240 & MSA-1550)
- ☐ ACKNOWLEDGEMENT OF RECEIPT OF HYSTERECTOMY INFORMATION (MSA-2218)

**Any Questions, call MDCH Provider Inquiry: 1-800-292-2550**